

TREATED WOOD WASTE NOTIFICATION

Date:	
TWW Generator Name:	
EPA ID Number:	
Mail Label:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip Code:	
TWW Contact, First Name:	
Last Name:	
Telephone:	
TWW Activity:	
Street/Location 1:	
Street/Location 2:	
City:	
State:	
County:	
Zip Code:	
E-mail Address:	
Date Exceeded 10,000 lbs:	

Please email completed form to: tww_help@dtsc.ca.gov

By submitting this notification, I am indicating that I am a duly authorized representative of this TWW Handler and that the TWW Handler has generated more than 10,000 pounds of TWW this calendar year.